

Fill out as completely as possible, for the 2 weeks IMMEDIATELY prior to test date. (In some cases there may not be 2 weeks prior to test date.)

TWO WEEK SLEEP LOG

Name: _____

SECTION 1 Complete this section just before bed				SECTION 2 Complete this section just after waking				
Day/Date	Bedtime mood scale: 1-10 1: very upset 10: very calm	Name of medication taken	Bedtime (time lights turned out)	Approximate time it took to fall asleep	Number of awakenings during the night	Final wake up time	Total sleep time	Wake up mood 1-10

Comments: _____

